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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Nurses Association PAC 8515 Georgia Avenue ADDRESS (number and street) Suite 400 Check if different than previously Silver Spring MD 20910 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00017525 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jennifer Davis Type or Print Name of Treasurer Electronically Filed by Jennifer Davis 07 19 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name
American Nurses Association PAC

FEC Form 3X (Rev. 02/2003)

D [®]D 06 0 1 2011 0.6 3 0 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 29737.49 January 1 (b) Cash on Hand at 84460.07 Begining of Reporting Period 39210.04 205783.12 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 123670.11 235520.61 6(a) and 6(c) for Column B) 52000.00 163850.50 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 71670.11 71670.11 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period:

м м 0 6

From:

D D 1

2011

To:

м м 0 6 D D D

Y Y Y Y 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	7086.09	30319.09
(ii) Unitemized	32123.95	175457.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39210.04	205776.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39210.04	205776.21
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	6.91
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
O. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39210.04	205783.12
Total Federal Receipts (subtract Line 18(c) from Line 19)	39210.04	205783.12

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal 		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	52000.00	163000.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	850.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	850.50
9. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
11. Total Disbursements (add Lines 21(c), 22,	50000 00	100050 50
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52000.00	163850.50
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	52000.00	163850.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	39210.04	205776.21
34.	Total Contribution Refunds (from Line 28(d))	0.00	850.50
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	39210.04	204925.71
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
.	Full Name (Last, First, Middle Initial) THOMASRN E. STENVIG Mailing Address P o Box 3 City Nunda FEC ID number of contributing federal political committee. Name of Employer South Dakota St Univ Receipt For: Primary General Other (specify)	State SD C Occupation RN Aggregate	Zip Code 57050-0003	Date of Receipt M M M D D D 2 2 1 1 Transaction ID: A5FE9E68454E34C6092 Amount of Each Receipt this Period 255.00
3.	Full Name (Last, First, Middle Initial) VIRGINIA S. WANGERIN Mailing Address 13380 Cedarwood Av City Clive FEC ID number of contributing federal political committee. Name of Employer Des Moines Area Community College Receipt For: Primary General Other (specify)	State IA C Occupation Educator		Date of Receipt M M M O D D O 2 0 1 1 Transaction ID: A9F51E708578A447687 Amount of Each Receipt this Period 50.00
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Franklin Hampton Mailing Address 172 Midland Ave City Staten Island FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	_ , ,	Zip Code 10306 n on Requested Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A886DFEE6AD434339B Amount of Each Receipt this Period 120.00
S	SUBTOTAL of Receipts This Page (optional)			425.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	tatements may not be sold or used by any person name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Bonnie L. Lioce Mailing Address 5803 Macon Dr City Huntsville FEC ID number of contributing federal political committee. Name of Employer University of AK Anchorage Receipt For: Primary General Other (specify)	State Zip Code AL 35802-1933 C Occupation Educator Aggregate Year-to-Date ▼ 1666.68	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ARTURO GONZALEZ Mailing Address 1001 Sw 22nd St City Miami FEC ID number of contributing federal political committee. Name of Employer LARKIN COMMUNITY HOSITAL Receipt For: Primary General Other (specify)	State Zip Code FL 33129-2713 C Occupation RN Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A415CF138A7A94835E Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) JEAN K. MARVIN Mailing Address 10287 Bancroft Rd City Garrettsville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44231-9689 C Occupation Legal Nurse Consultant Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: A52E34DE2B29545B8 Amount of Each Receipt this Period 150.00
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Bonnie L. Lioce Mailing Address 5803 Macon Dr City Huntsville FEC ID number of contributing federal political committee. Name of Employer University of AK Anchorage Receipt For: Primary General Other (specify)	State Zip Code AL 35802-1933 C Occupation Educator Aggregate Year-to-Date 1833.34	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: AF2F689CE48794B75B51 Amount of Each Receipt this Period 166.66
Full Name (Last, First, Middle Initial) MARGARETE Lieb ZALON Mailing Address 128 Savage Rd City Waymart FEC ID number of contributing federal political committee. Name of Employer University of S Alabama Receipt For: Primary General Other (specify)	State Zip Code PA 18472-3027 C Occupation Professor Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: AF5A18CB6735E4C7A8A Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Ola Greene Mailing Address PO Box 937 City Hemphill FEC ID number of contributing federal political committee. Name of Employer Hemphill Gamily Medicine Receipt For: Primary General Other (specify)	State Zip Code TX 75948-0937 C Occupation Nursing Student - Masters Program Aggregate Year-to-Date ▼ 312.50	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: A0B468601166E4397972 Amount of Each Receipt this Period 312.50
SUBTOTAL of Receipts This Page (optional)		579.16

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	tatements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Greer L. Glazer Mailing Address 36680 Blackberry Cir City Solon FEC ID number of contributing	State OH	Zip Code 44139-2442	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 0 8 2 0 1 1 Transaction ID: A76614F40CA924F47888 Amount of Each Receipt this Period
	federal political committee. Name of Employer University of Massachusetts - Boston Receipt For: Primary General Other (specify)	Occupation Educator Aggregate		275.00
В.	Full Name (Last, First, Middle Initial) Joanne S Stevens Mailing Address 4909 Majestic Prince C	Ct Ct		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Raleigh FEC ID number of contributing federal political committee.	State NC	Zip Code 27606-4270	Transaction ID: AB80591ADB2F7409F89I Amount of Each Receipt this Period 40.00
	Name of Employer National Insitutes of Hea- Ith Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Nurse Aggregate	Year-to-Date ▼ 240.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. DIANA L. TAYLOR Mailing Address 640 Davis St #13			Date of Receipt 0 6 1 0 2 0 1 1
	City San Francisco FEC ID number of contributing federal political committee.	State CA	Zip Code 94111-1947	Transaction ID: A604E6D4708004FA4AC Amount of Each Receipt this Period 300.00
	Name of Employer University of California	Occupation Director 8	n & Professor Emerita	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			615.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 27 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) ROMONA SCHOLDER Mailing Address 5641 State Hwy 41 City	State	Zip Code	Date of Receipt M
	Lamy FEC ID number of contributing federal political committee.	NM C	87540-9644	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation RN Aggregate	o Year-to-Date ▼ 250.00]
– В.	Full Name (Last, First, Middle Initial) RAYMOND LUTH Mailing Address 1621 South Carson A	ve		Date of Receipt M
	City Tulsa FEC ID number of contributing federal political committee.	State OK	Zip Code 74119-4215	Transaction ID: A7EEA43740B03461C96 Amount of Each Receipt this Period 200.00
	Name of Employer Hillcrest Hospital Receipt For: Primary General Other (specify) ▼	_	nesthetist Year-to-Date 400.00	
_ C.	Full Name (Last, First, Middle Initial) Susan Y. Swart Mailing Address 33 S. Main St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Manteno FEC ID number of contributing federal political committee.	State IL	Zip Code 60950-1529	Transaction ID: A7DEA1601D54746D7B8 Amount of Each Receipt this Period 25.83
	Name of Employer Illinois Nurses Assn	Occupatio Staff	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 203.32	
	SUBTOTAL of Receipts This Page (optional) .			475.83

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 27 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PATRICIA BELTON Mailing Address 206 Greenwood St City East Hartford FEC ID number of contributing federal political committee. Name of Employer State of Connecticut Blue Hills Receipt For: Primary General Other (specify)	State Zip Code CT 06118-2817 C Occupation RN Aggregate Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A0961F08FDD7C45B38 Amount of Each Receipt this Period 120.00
Full Name (Last, First, Middle Initial) Ms. Casey L Turnbough Mailing Address 2005 W. Aspen City Portales FEC ID number of contributing federal political committee. Name of Employer Sane Of Eastern Nm Mental Health Resou Receipt For: Primary General Other (specify)	State Zip Code NM 88130-9367 C Occupation Nurse Practitioner Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A36121F4A8AA54B5599 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Rose Martin Mailing Address 125 Aspen Ln City Anaconda FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code MT 59711 C Occupation Information Requested Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 0 2 0 1 1 Transaction ID: A8B9D4C2E31264098A3 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		620.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may e name and addi	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Lucinda G. LEPLEY Mailing Address 2504 SW 120th City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Dr. Brian Lepley Receipt For: Primary General Other (specify)	State OK C Occupation RN Aggregate	Zip Code 73170 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: ADB87A308F7424722ABE Amount of Each Receipt this Period 120.00
В.	Full Name (Last, First, Middle Initial) FRANCES M. EDWARDS Mailing Address 50 Concord Park E. City Nashville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State TN C Occupation Clinical S Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A2CB2ACD540F84BA4868 Amount of Each Receipt this Period 201.10
C.	Full Name (Last, First, Middle Initial) Barbara A Crane Mailing Address 8 Vernon Place City Smithtown FEC ID number of contributing federal political committee. Name of Employer St. Catherine of Siena Medical Center Receipt For: Primary General Other (specify)	State NY C Occupation Staff Nurs Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			346.10

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 27 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Rose Iris Gonzalez Mailing Address 3318 Cullers Ct City Woodbridge FEC ID number of contributing federal political committee. Name of Employer ANA Receipt For: Primary General Other (specify)	State Zip Code VA 22192-1085 C Occupation Director Gov't Affairs Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A077BA05594A445D69E Amount of Each Receipt this Period 250.00
В.	Full Name (Last, First, Middle Initial) Dixine L. Hale Mailing Address 6781 So 345 East City Midvale FEC ID number of contributing federal political committee. Name of Employer Alta View Hospital Receipt For: Primary General Other (specify)	State Zip Code UT 84047 C Occupation RN Aggregate Year-to-Date 245.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AB52E6A7500164667B09 Amount of Each Receipt this Period 125.00
С.	Full Name (Last, First, Middle Initial) Elizabeth Gut Mailing Address 114 Java St #1r City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code NY 11222-1644 C Occupation Information Requested Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 7 2 0 1 1 Transaction ID: A941C4739BB3D4950BF Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)		625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 27 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements may not be sold or used by a statement may not be sold or used to be sold or u	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) ELLEN MOILANEN Mailing Address 110 Flintlock Ln City Ben Lomond FEC ID number of contributing federal political committee. Name of Employer Santa Cruz Healthcare Receipt For: Primary General Other (specify)	State Zip Code CA 95005 C Occupation Nurse Manager Aggregate Year-to-Date 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) MARCIA G. SHLOUSH Mailing Address 1220 Getttysvue Wa City Knoxville FEC ID number of contributing federal political committee. Name of Employer Roane State Comm College Receipt For: Primary General Other (specify)	State Zip Code TN 37922 C Occupation RN Educator Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AD87AFC6BC23F4E8F89 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) James L. RAPER Mailing Address 1108 Fern St City Birmingham FEC ID number of contributing federal political committee. Name of Employer UNIV OF ALABAMA BIRMIMGHAM Receipt For: Primary General Other (specify)	State Zip Code AL 35209-7010 C Occupation Nurse Practitioner Aggregate Year-to-Date 295.00	Date of Receipt M M M / D D / 28 2011 Transaction ID: A3C7124D39B07440B89F Amount of Each Receipt this Period 150.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		600.00

A.

В.

SCHEDULE A (FEC Form 3X)

PAGE 15/27 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) REBECCA M. PATTON Date of Receipt Mailing Address 2382 Woodward St 06 29 2011 City State Zip Code Transaction ID: A6A4F414B41C144439CE Lakewood OH 44107 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer UNIVERSITY HOSP Occupation Director of Patient Servi Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) LAURA A. GOODE Date of Receipt Mailing Address 156 Oakwood Ave 06 30 2011 City Transaction ID: AADFBEF05851248A29C7 State Zip Code **Bogota** NJ 07603-1722 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Hackensack Univ Med Center Occupation ADVANCED PRACTICE NURSE Receipt For: Aggregate Year-to-Date

285.00

SUBTOTAL of Receipts This Page (optional)	•	1050.00
TOTAL This Period (last page this line number only)	•	7086.09

Primary

Other (specify)

General

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee of the commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee of the committee	TEMPED DIODUDOEMENTO	Use separate schedule(s		check or	rly one)	in.	Į	PAGE	10/4	27
NAME OF COMITTEE (in Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Kurt Schrader for Congress Mailing Address 307 N Main St Ste 240 City State Zip Code Office Sought: House President President State Zip Code Senate President State Zip Code City State Zip Code Office Sought: Amount of Each Disbursement Candidate Name City State Zip Code Category Type	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		→	ш	\square	\vdash		_	26 30k
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	City Brentwood	State TN	Zip Code 37024				Amoui	nt of Eac	h Dis	burse	ment th	is Per	iod
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Full Name (Last, First, Middle Initial) Ellison For Congress			Date of Disburs	
Mailing Address PO Box 6072			06 / 0	08 7 2011
City Minneapolis	State Zip Code MN 55406		Amount of Eac	h Disbursement this Period
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Candidate Name Rep. Keith Ellison		Category/ Type		
	ement For: 2012 Primary General Other (specify)	l		
Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN FOR CONGRESSMAN CONGRESIONS	RES		Transaction II Date of Disburs	D: BAB16A477280C4F84
Mailing Address 6380 Wilshire Blvd #161	2		06 / 0	22 7 2011
City Los Angeles	State Zip Code CA 90048		Amount of Eac	h Disbursement this Period
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Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS COMMITTEE			Transaction ID: B3197839B19F9450CA Date of Disbursement
Mailing Address 7095 Malcolm Rd Ste 1)2		06 08 7 2011
City Clinton	State Zip Code MD 20735		Amount of Each Disbursement this Period
Purpose of Disbursement		· ·	1500.00
Candidate Name Rep. Steny H. Hoyer		Category/ Type	
	ement For: 2012 Primary General Other (specify)		

	HEDULE B (FE		, I		arate schedule(s)		NE NUMBER: only one)	PAGE 26/27
	MIZED DISBUI	45EMEN	115		category of the Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
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	AME OF COMMITTEE				71			
<i>\</i> A	merican Nurses As	sociation PA	AC					
	ull Name (Last, First, M	,					Transaction II	D: B71680C8D8F174384
K	AY HAGAN FOR U	S SENATE					Date of Disbur	
M	lailing Address PO	BOX 29103	3				0 6 1	2 2 Y 2 0 1 1 Y
	ity			tate	Zip Code		Amount of Eac	ch Disbursement this Period
_	REENSBORO urpose of Disbursemer			1C	27429			1000.00
г	urpose or Disbursemer	ıı						
	andidate Name en. Kay R. Hagan					Category/ Type		
Ō	office Sought:	ouse	Disbursen	nent For:	2012			
		enate resident	1	Primary Other (enc	General			
St	tate: NC Distri			Other (spe	ecity) 🔻			
Fı	ull Name (Last, First, M	iddle Initial)	1				Transaction II	D: B8375AC3718924A7E
Р	erlmutter For Cong	ress					Date of Disbur	sement
M	lailing Address 344	eld St #264				06 / 0	22 7 2011	
	ity Vheat Ridge			tate	Zip Code 80033		Amount of Eac	ch Disbursement this Period
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\overline{c}	andidate Name					Category/		
	Rep. Ed Perlmutter					Type		
0	office Sought: X H		Disbursen		2012			
	<u></u> ⊢ -	enate resident	1	Primary Other (spe	General			
St		ct: 07		outlot (ope	,ony) \			
	ull Name (Last, First, M Iontanans For Teste	,	•				Transaction II Date of Disbur	D: BF668A18722ED49D9
M	lailing Address PO	Box 1135					0 6 M	2 ^D / Y Y O 1 1 Y
	ity			tate	Zip Code		Amount of Eac	ch Disbursement this Period
_	lelena		N	ΛΤ	56234			1000.00
P	urpose of Disbursemer	ıt				•		1000.00
	andidate Name en. Jon Tester					Category/ Type		
Ō	office Sought:	ouse	Disbursen		2012			
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Si	tate: MT Distri	resident ct:		Other (spe	ecity) 🔻			
			1					
								3000.00

A.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	 Use separate schedule(s) 	FOR LINE NUMBER: (check only one) 21b 22 X 23 27 28a 28b	PAGE 27 / 27 24
Any Information copied from such Reports and or for commercial purposes, other than using the		y any person for the purpose of	soliciting contributions
NAME OF COMMITTEE (In Full) American Nurses Association PAC			
Full Name (Last, First, Middle Initial) Welch For Congress Mailing Address PO Box 1086		Date of Disburs	D: BC877961185DA4965AB7 sement 2 2 2
City Montpelier Purpose of Disbursement	State Zip Code VT 05601	Amount of Eac	th Disbursement this Period
Candidate Name Rep. Peter Welch	-	Category/ Type	
Office Sought: X House Senate President State: VT District: 01	isbursement For: 2012 X Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line number only)	•	52000.00